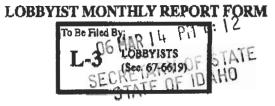


State of Idaho

Ben Yaursa Sccretary of State



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|                                 |                            |                                    |            |                           |            | 310       |         | -          |             |           | İ          |                                       |                 |          |
|---------------------------------|----------------------------|------------------------------------|------------|---------------------------|------------|-----------|---------|------------|-------------|-----------|------------|---------------------------------------|-----------------|----------|
|                                 |                            | (Type or print of Sec instructions |            |                           |            |           |         |            |             |           |            |                                       |                 |          |
| Lobbyis                         | t's name and               | permanent busin                    |            |                           |            |           | Dŧ      | të prepare | ed          |           | 1          | Períod o                              | overed          |          |
| Dan I                           | Hollar                     |                                    |            |                           |            |           |         |            |             |           |            | [                                     | month en        | ding     |
|                                 | W. Victor                  |                                    |            |                           |            |           |         |            | 3/7/06      |           |            | (Mo.)                                 | (Day)           | (Yr.)    |
| Boise                           | e, ID 8370                 | 9                                  |            |                           |            |           |         |            |             |           |            | 2                                     | 28              | 06       |
| Įtem<br>1                       | Total                      | s of all reportab                  | ole expend | litures made o            | r incurred | by Lobi   | byist o | by Labb    | yist's Empl | oyer on   | behalf of  | Lobby                                 | /ist's Emplo    | yer.     |
| Ca                              | tegory of Ex               |                                    |            |                           |            |           |         |            | by cach emp | loyer (Id | leutily em | ployers                               | s, under        |          |
| Expenses                        |                            | obbying Activity                   |            | I Amount for<br>Employers |            | at botton |         |            |             | 1 -       |            | , 1                                   | m 1             | NT 4     |
|                                 | Not Have to b              | e Reported                         |            |                           | Emp        | loyer No  | 0. 1    | Emplo      | yer No. 2   | Emp       | ployer No  | ), 3                                  | Employ          | er No. 4 |
|                                 | inment<br>nd Refreshn      | nent                               | \$         |                           | s          |           |         | \$         |             | s         |            | [                                     | \$              |          |
| Living                          | Accommod                   | ations                             |            |                           | ĺ          |           |         |            |             |           |            |                                       |                 |          |
| Advert                          | ising                      |                                    |            |                           |            |           |         |            |             |           |            |                                       |                 |          |
| Travel                          |                            |                                    |            |                           |            |           |         |            |             |           |            | _                                     |                 |          |
| Teleph                          | one                        |                                    |            |                           | <b> </b>   |           |         |            |             |           |            |                                       |                 |          |
| Other I                         | Expenses or                | Services                           |            |                           |            |           | _       |            |             |           |            | _                                     |                 |          |
|                                 |                            | Total                              | \$         | 0.00                      | \$         | 0.        | .00     | \$         | 0.00        | s_        | 0.         | 00                                    | \$              | 0.00     |
| •                               |                            | ber of employer                    |            |                           |            |           |         |            |             |           |            | uld be                                | entered on Pa   | ge 1.    |
| Item<br>2                       | The totals Date            | of cach expend                     |            | nore than fifty           | dollars (3 | 7         |         | ator or ot |             |           |            | blic Off                              | ficials in Grot | 10       |
|                                 | Date                       |                                    |            | acc                       |            |           | mount   | _          | Traities    | or Eugine |            |                                       |                 |          |
| *****                           |                            |                                    |            |                           |            | N         | ONE     | 1          |             |           |            |                                       |                 |          |
|                                 |                            |                                    |            |                           |            |           |         |            |             |           |            |                                       |                 |          |
|                                 |                            |                                    |            |                           |            | 1         |         |            |             |           |            |                                       |                 |          |
|                                 |                            |                                    |            |                           |            |           |         |            |             |           |            |                                       |                 |          |
|                                 |                            |                                    |            |                           |            |           |         |            |             |           |            |                                       |                 |          |
|                                 | Continued on               | attached page(s)                   | •          |                           |            | •         |         | ı          |             |           |            |                                       |                 |          |
|                                 |                            |                                    | RUCTIO     | ONS                       |            |           | I ten   |            | Er          | nployer(: | 3) Name(s) | and Ac                                | ldress(es)      |          |
| <b>-</b>                        |                            |                                    |            |                           |            |           | ſ       | Boise 9    | Schools     |           |            | · · · · · · · · · · · · · · · · · · · |                 |          |
|                                 | o should fil<br>6617 Idaho | e this form: A<br>Code.            | ny lobby   | ist registered            | under Se   | ction     |         |            | V. Victory  | Rd., E    | Boise, IC  | 837                                   | 09              |          |
|                                 |                            | Monthly re                         |            | within ten (I             | 0) days o  | f the     | No.2    |            |             |           |            |                                       |                 |          |
| то                              | BE FILED                   |                                    | Ben Ysurs  | a                         |            |           | No.3    |            |             |           |            |                                       |                 |          |
| Secretary of State PO Box 83720 |                            |                                    |            |                           |            |           |         |            |             |           |            |                                       |                 |          |
|                                 | 44-                        | Boise,                             | ID 8372    | 0-0080                    |            |           | No.4    |            |             |           |            |                                       |                 |          |
| <u></u>                         | Pho                        | ne: (208) 334-                     | 2852 Fa    | x: (208) 334-2            | 2282       |           |         |            |             |           |            |                                       |                 |          |

|                                  | Data         | Amount                          |   | Name of Legislator Receiving or Benefited   |  |   |  |  |  |  |  |
|----------------------------------|--------------|---------------------------------|---|---|--|---|--|--|--|--|--|
|                                  |              |                                 |   | NONE  |  |   |  |  |  |  |  |
| (CERT OF                         |              |                                 | legislative activity in which<br>posing.<br>Appropriation Bill Number | LEGISLATIVE SUI  Code Subject  01 Agriculture, horticulture, farming, and livestock   | Code Subject  17 Health service, medicine, and controlled substances, insurance, hospitals |   |  |  |  |  |  |
| I present<br>of the<br>all bills | infor<br>Boi | mation and se School aling with | the viewpoint District on Education.                                  | 02 Amusements, games, athletics and sports 03 Banking, finance, credit and investments 04 Children, minors, youth, senior citizens 05 Church and religion 06 Consumer affairs 07 Ecology, environment, pollution, conservation, zoning, land and water use 08 Education 09 Electiona, campaigns, voting, political parties 10 Equal rights, civil rights, minority affairs 11 Government, financing, taxation, revenue, budges, appropriations, bids, flees, flunds 12 Government, county 13 Government, ederal 14 Government, state 15 Government, state | 18<br>19<br>20<br>21<br>22<br>23<br>24<br>25<br>26<br>27<br>28<br>29<br>30                 | Housing, construction, codes<br>insurance (excluding health<br>insurance)<br>Labor, salaries and wages,<br>collective bargaining<br>Law enforcement, courts,<br>judges, crimes, prisons |  |  |  |  |  |
|                                  |              |                                 | bove is a true, complete and<br>67-6624 Idaha Code.                   |   |  |   |  |  |  |  |  |